



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

Thank you for your interest in the Money Services Industry in Washington:

We are pleased to provide you with the accompanying application for both Money Transmitter and Currency Exchange licenses. If you intend to conduct a money transmission business, you must apply for a Money Transmitter license. A Money Transmitter license also permits currency exchange business. If you intend to only operate a currency exchange business, you should complete the Currency Exchange license materials included.

Please read the instructions carefully. Incomplete, incorrect, or erroneous answers to requested information may cause delays in processing, and can ultimately result in a license application being denied or an issued license being revoked.

You must complete and return all of the attachments and provide responsive answers to all of the requested information. If an attachment, material fact, or requested information does not apply to your situation, clearly note that it does not apply and why.

Applicants and licensees are expected to be knowledgeable of, and in compliance with, the law RCW 19.230, the rules adopted to implement the law, and any other applicable state or federal statutes or rules. Copies of the law and rules are enclosed for our reference.

The Department of Financial Institutions (DFI) may consider many factors in determining eligibility for licensing, including financial responsibility, experience, character, and general fitness. The DFI may also consider: 1) a company's complaint history in Washington State or other jurisdictions, 2) owner, officer or employee involvement with other business enterprises, 3) an applicant's credit history, or 4) any information that gives DFI cause for concern that the business will not be operated honestly, fairly and efficiently.

Please don't hesitate to contact us for assistance after you've read the instructions. You may reach us via phone or e-mail, or request an appointment for a pre-filing conference in our offices in Tumwater, Washington.

Thank you,

The License Review Staff

WASHINGTON MONEY SERVICES LICENSE APPLICATION

READ INSTRUCTIONS BEFORE BEGINNING!

The instructions and information contained herein are an integral part of the application. Please read them carefully, and follow the directions precisely. Failure to follow the instructions completely may result in a delay in the processing and issuance of a license, a rejection or denial of the application, or revocation of an issued license.

We suggest that you make a blank copy of all forms in the application package before you begin. Please print or type all information in dark ink.

ADDRESS AND ASSISTANCE

Application packages are considered incomplete without **all** attachments and requested information included. If you have any questions or require assistance in completing the enclosed application packet, **or if you need to request these forms in an alternate format (such as Braille, larger print, etc.)**, please contact our offices by telephone at (360) 902-8703, TDD (360) 664-8126, or via FAX at (360) 664-2258. You may also visit our website at www.dfi.wa.gov/cs. Please mail your completed application package, together with all attachments, and a check for the appropriate fees payable to the "Washington State Treasurer" to:

Mailing Address Department of Financial Institutions
 Division of Consumer Services
 Post Office Box 41200
 Olympia, Washington 98504-1200

Physical Address 150 Israel Rd SW
 Tumwater, Washington 98501

STATUTES, RULES, OPINIONS AND POLICY

The applicant, and each responsible individual of the applicant, is expected to be well versed in and compliant with all sections of the law RCW 19.230 and related rules (WAC 208-690) and opinions thereof. A copy of the Act and draft rules is available on our website. Additional copies of the Act and the rules may be obtained by contacting the Office of the Code Reviser at (360) 753-6804 or review on the Internet:

The Department of financial Institutions will, upon occasion, provide interpretative letters and/or opinions regarding key elements of the law and rules covering money transmitters and currency exchange companies. These interpretations and opinions may be in response to specific written requests or may arise from the Department's regulatory experience.

Opinions considered to be important to the majority of money service providers, or those policies expected to be of general knowledge by the industry, will be forwarded to you as issued. You may fax requests for copies of opinions or policy statements to the Division of Consumer Services at (360) 664-2258. For a fee, you may request an opinion or clarification of an issue by writing the Division.

Your application package will be reviewed in conjunction with complaint history and/or any other information the Division deems relevant in making a finding as to financial responsibility, experience, character, and general fitness.

MONEY SERVICES COMPANY INFORMATION FORM

☐ Money Transmitter (includes authority to Exchange Currency)

☐ Currency Exchanger Only

LICENSED LOCATION:

COMPANY NAME _____

TRADE NAME (IF ANY) _____

PHYSICAL ADDRESS

CITY/COUNTY _____

STATE/ZIP _____

MAILING ADDRESS

CITY/COUNTY _____

STATE/ZIP _____

TELEPHONE NUMBER () _____

FAX () _____

TOLL FREE NUMBER () _____

E-MAIL _____

MONEY SERVICES BUSINESS ACTIVITIES CONDUCTED THROUGH *(check all that apply):*

☐ COMPANY OWNED OUTLETS

☐ INDEPENDENT AUTHORIZED DELEGATES

☐ SUBSIDIARIES or AFFILIATES

☐ OTHER (explain) _____

BUSINESS STRUCTURE *(check one):*

☐ CORPORATION

☐ PROPRIETORSHIP

☐ PARTNERSHIP

☐ LLC

☐ OTHER _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

WASHINGTON STATE UNIFIED BUSINESS ID NUMBER: _____

AUTHORIZATION FOR VERIFICATION - COMPANY

TO WHOM IT MAY CONCERN

I, the undersigned official, of the company noted above, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for a money services license, or for the purpose of conducting an investigation in accordance with Chapter 287, Laws of 2003 (Substitute House bill 1455) and rules adopted there under.

BY: _____

Signature of Authorized Official

Date

Printed name of Authorized Official

Title

MONEY SERVICES COMPANY INFORMATION FORM (CONTINUED)

Each Material Fact should be a separate page, clearly marked, and submitted in the order listed. Applications will be deemed incomplete without this information. Either a check mark or “N/A” for “not applicable” should be placed next to each fact listing on this form. A check mark indicates that the item is attached.

MATERIAL FACT 1 – COMPANY CONTACT (S)

Provide the name, title, address, phone number, fax number, and e-mail address of the contact individual(s) for this application and future compliance issues. If the contact is different for current application versus future compliance, provide information for both people.

MATERIAL FACT 2 – SURETY INSTRUMENT (Not Applicable for Currency Exchangers)

1. Forward a one-line dollar figure that represents the total volume of Washington State money transmissions that were transferred over the past 12-months.
2. Money Transmitter applicants must provide a surety bond in the appropriate amount on the form enclosed. Only bonds issued by an independent surety company authorized to do a surety business in this state will be accepted. Both the applicant representative and the surety representative must sign the bond, and attach a valid power of attorney form. Note: the information provided on the face of the bond must be accurate or the bond will be rejected as invalid. **The original, signed and sealed bond must be submitted with the application.**

Prior 12-months Money Transmissions Receipts	Minimum Surety Amount
Zero - \$1,000,000.00	\$10,000.00
\$1,000,000.00 - \$1,999,999.99	\$20,000.00
\$2,000,000.00 - \$2,999,999.99	\$30,000.00
\$3,000,000.00 - \$3,999,999.99	\$40,000.00
\$4,000,000.00 or more	\$50,000.00

Add \$10,000.00 for each additional location and/or authorized delegate, up to \$500,000.00 maximum additional fees.

MATERIAL FACT 3 – OWNERSHIP

Provide information on all business relationships affecting ownership, including sole proprietors. Include a list of owners, including sole proprietors and their percent of ownership, other interests owned by each stockholder, parent companies, affiliates, and subsidiaries of the applicant. Include company names, addresses, telephone numbers, contacts, and types of business conducted. Provide a brief description (or organizational flow chart) of each relationship. [See WAC 208-690-010(8)] To help us in our review, **please be sure this attachment answers these questions:**

- (1) Who owns this company? (Publicly traded or owners, stockholders, partners, proprietor and spouse)
- (2) What percent does each person own? (10% or more is a “principal”, 25% or more is a “controlling person”)
- (3) Does any “principal” or “controlling person” own or control any other business? (This is an “affiliate” – organizational charts are helpful)
- (4) Who else controls this company? (Managers, officers, directors, etc.)

MATERIAL FACT 4 – RESPONSIBLE INDIVIDUAL

Identify the person within this company who will serve as the “responsible individual” with principal managerial authority over the money services provided by the applicant in Washington State. [Ch. 287 laws of 2003 and WAC 208-690-010(28)] Attach a 5-year employment history and a completed Individual Background Form (IBF material fact 5) for the responsible individual.

MATERIAL FACT 5 – INDIVIDUAL INFORMATION

Complete a separate Individual Background Form (IBF) for each person holding a position listed at the top of the form.

MATERIAL FACT 6 – INDEPENDENT AUTHORIZED DELEGATES & OTHER LOCATIONS

Submit a list of all other locations from which the applicant or authorized delegate intends to conduct money services business.

- (1) Separate the listings by type of location (company owned outlet, authorized delegate, subsidiary, affiliate).
- (2) Each listing should include the entity name, contact name, business & mailing addresses, phone/fax/e-mail/website, and Vehicle Identification Number (VIN) for each mobile facility.
- (3) Enclose a sample contract for authorized delegates, including the method used to screen delegates for criminal history.

MATERIAL FACT 7 – WASHINGTON MASTER BUSINESS LICENSE

Please contact the Washington State Department of Licensing, Business and Professions Division (360) 902-3600, to apply for (your) the applicant's Washington State Master Business License. A copy of this document is **not** required with your application. DFI will verify with the Department of Licensing that (you) the applicant (have) has registered.

MATERIAL FACT 8 – CERTIFICATE OF EXISTENCE/AUTHORIZATION

If a corporation, partnership, or LLC;

- (1) Please contact the Washington Secretary of State, Division of Corporations, (360) 753-7115, to register your company. A copy of this document is **not** required with this application. DFI will verify with the Secretary of State that the applicant you have has been registered.
Date and State of incorporation:

MATERIAL FACT 9 – US TREASURY MONEY SERVICES REGISTRATION & PROGRAMS

- (1) Money Services Businesses (MSB) must register with the United States Treasury Department. Please enclose a copy of the applicant's MSB letter of acknowledgement from the United States Treasury Department. Information regarding MSB responsibilities under federal law can be obtained at www.msb.gov or request a package of information by phoning 1-800-949-2732.
- (2) Provide a copy of the *Anti Money Laundering Program* used by the applicant company.

MATERIAL FACT 10 – RECORDS LOCATION

Provide the location where records will be kept. This is for the purpose of periodic review and examination by the Department of Financial Institutions.

MATERIAL FACT 11 – REGISTERED AGENT

Please provide the name, address, phone number, social security number, and date of birth of the individual named as registered agent. (DFI will send a specific Consent to Serve letter to the registered agent.)

- (1) If your office is outside the borders of Washington State, you must maintain a registered agent inside Washington.
- (2) If your office is within the borders of Washington State, the use of a registered agent is *optional* (your office staff may serve as registered agent). However, if your company has used a registered agent when filing with other Washington state agencies, please provide this office with information about *that* registered agent.

MATERIAL FACT 12 – REFERENCES FROM OTHER STATES

If the applicant is or has ever been licensed to engage in any money services business (money transmission, currency exchange, sale of checks, etc) in any other jurisdiction, follow these instructions:

- (1) Provide a list of all states in which you are or were licensed. This list should include name of licensee; type of license; license number; name, address, phone, fax, and contact person of the regulatory entity issuing the license.
- (2) Use the attached state reference check list. Place a check mark in each state where the applicant has ever held a money services license. Submit this checklist with the list requested in line item (1).

MATERIAL FACT 13 – FINANCIAL STATEMENTS

Financial statements must be prepared in accordance with “generally accepted accounting principles” and must include a balance sheet (statement of assets and liabilities) and profit and loss statement.

- (1) Provide a current financial statement as of the most recent quarter end for the applicant business (or personal financial statements for sole proprietorship).
- (2) Enclose a copy of your most recent audited financial statement and, if available, audited financial statements for the prior two years.
- (3) If a newly formed business, also provide the method and source of capitalization.
- (4) If applicant is a wholly-owned subsidiary of another corporation, you may submit either the parent’s consolidated audited financial statements for the current year and prior two years, or the parent’s Form 10K reports filed with the United State Securities & Exchange Commission for the prior three years in lieu of the financial statements.

MATERIAL FACT 14 – DISCIPLINARY HISTORY

- (1) Is there presently or has there ever been any regulatory investigation, administrative action, or enforcement action (including the suspension of license) against the applicant in any other jurisdiction? If the answer to this question is “yes” please list all regulatory actions taken against applicant and provide a detailed explanation for each, including current status or final dispositions.
- (2) Are you aware of any regulatory or complaint investigations in any jurisdiction for which findings have yet to be entered? If the answer to this question is “yes” please provide a detailed explanation.
- (3) Please provide a list of complaints by jurisdiction and year that have been filed against the applicant in the last five years.

MATERIAL FACT 15 – ASSESSMENT TRACKING

Provide your method for tracking Washington business separately from business conducted in other states. This is for the purpose of annual reporting and calculating surety and net worth requirements.

MATERIAL FACT 16 – APPLICATION DEPOSIT

Attach (to the front of the application package) a check payable to "Washington State Treasurer" for appropriate fees as prescribed by WAC 208-690-130. (eg: Main office plus 3 authorized delegates should enclose a check for \$1300.00.)

License fees authorized by WAC 208-690-130	First (“main office”) Location	Each Additional Location where the licensee or Authorized Delegate provides money services.	Maximum Fees (Includes main office fees)
Non-refundable license application fee	\$500.00	\$50.00	\$8000.00
Initial license fee (refundable if application denied)	\$500.00	\$50.00	\$8000.00

SIGNATURE AND OATH OF APPLICANT

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Revised Code of Washington Ch. 287 Laws of 2003 and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code and provisions contained in Washington Administrative Code have been reviewed by the authorized officials as listed herein, and management will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant's desire to obtain from the Director of the Washington Department of Financial Institutions, a license to engage in a money services business, as defined in chapter Ch. 286 Laws of 2003. Any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to denial of a license or the revocation of any license granted.

BY:

Signature of Authorized Official_____
Date_____
Printed name of Authorized Official_____
Title

MONEY SERVICES LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM

This form is to be completed by each of the following individuals:

<u>Corporation</u>	<u>Limited Liability Corp</u>	<u>Partnership</u>	<u>Sole Proprietorship</u>
* Responsible Individual	* Responsible Individual	* Responsible Individual	* Responsible Individual
* Executive Officers	* Manager	* Managing Partner	* Owner
* Principals and Controlling Persons	* Member (own 10%)	General Partners	* Spouse of Owner
Other Officers (VP or equivalent)			
Board Directors			

* Individuals holding these "positions of control" must also provide a personal credit report which includes a public records search.

NAME OF APPLICANT (COMPANY): _____

INDIVIDUAL INFORMATION:

Last Name *First Name* *Full Middle Name*

Date of Birth _____ Place of Birth _____

Citizenship _____ Social Security Number _____

Drivers License Number: _____ State issued: _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or DOB (including errors made by others), list below. If not, please write none.

INDIVIDUAL'S RESIDENCE:

STREET ADDRESS _____

CITY/COUNTY _____

STATE/ZIP CODE _____

RESIDENTIAL PHONE/E-MAIL _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature of Individual

date

MONEY SERVICES LICENSE APPLICANT INDIVIDUAL BACKGROUND FORM (CONTINUED)

NAME OF APPLICANT (COMPANY): _____

Individual's Last Name

First Name

Full Middle Name

INDIVIDUAL'S POSITION WITH APPLICANT _____
IF OWNER, PERCENT OF INTEREST OWNED _____

To be completed if the individual is NOT employed by the applicant:

EMPLOYER/COMPANY NAME _____
STREET ADDRESS _____
CITY/COUNTY _____
STATE/ZIP CODE _____
BUSINESS PHONE _____
POSITION _____

(1)	Are you a US Citizen? <input type="checkbox"/> No – attach proof of legal immigration status to work in the US <input type="checkbox"/> Yes
(2)	Other than the current applicant have you held any position with any money services business or related business (es) in the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(3)	During your affiliation with each business listed in number two were there any adverse or administrative actions taken by any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(4)	Have you been convicted of any crime within ten years of the date of this application in any jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(5)	Are there any criminal charges against you pending as of the date of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(6)	Are you presently involved in, or been subject to within 10 years, any form of civil litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(7)	Have you personally, or as the principal of another business entity, ever filed for bankruptcy protection or entered into receivership? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page
(8)	Does your name appear on the US Treasurer's listing of Blocked Nationals? <input type="checkbox"/> No <input type="checkbox"/> Yes – attach details on a separate page

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. Further, I have read, understand, and will comply with the provisions of Ch.287, Laws of 2003 and regulations promulgated by the Department of Financial Institutions in furtherance of such Code {and provisions contained in Washington Administrative Code}. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

Signature of Individual

date

SURETY BOND TO OPERATE MONEY SERVICES BUSINESS

KNOW ALL PERSONS BY THESE PRESENTS,

That _____
(if a corporation or LLC, insert full title and add the words, "a corporation organized under the laws of the State of ____";
if a partnership, insert full name of each partner and add the words "doing business under the firm name ____")

With place of business at _____ (insert full physical address),

City of _____, County of _____, State of _____, as principal,

And _____, a corporation authorized to transact surety business in the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full

Penal sum of _____ thousand dollars (\$ _____) lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

Whereas, the above bounden principal has applied for a license to transact the business of money transmitting as provided by law under RCW Ch. 287 Laws of 2003, known as the "UNIFORM MONEY SERVICES ACT" of the State of Washington, and acts amendatory thereto.

THE CONDITIONS of the above obligation are: If the said above bounden principal, and its employees, authorized delegates, independent contractors, affiliates, and subsidiaries shall, upon the issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and all rules lawfully made by the Director of the Department of Financial Institutions of the State of Washington thereunder, and shall reimburse all persons who suffer loss by reason of a violation of said Act or rules adopted thereunder, then this obligation to be void; otherwise to remain in full force and effect.

Provided, That this bond is effective until canceled by the surety. This bond may be canceled by giving written notice to the Director of the Department of Financial Institutions. The cancellation shall be effective 30 days from the receipt of said notice. If the bond is renewed, continued, reinstated, reissued or otherwise extended, it shall nevertheless be considered a continuous obligation and the surety upon the bond shall not be liable in an aggregate or cumulative amount exceeding the penal sum set forth on the face of the bond. In no event shall the penal sum, or any portion thereof, at two or more points in time be added together in determining the surety's liability for any or all claims.

In Witness Whereof, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed on this _____ day of _____, 20____. Bond Number _____

(Corporate Seal of the Surety)

Principal

By: _____
(Printed Name)

By: _____
(Signature)

Surety

By: _____
(Printed Name)

By: _____
(Signature)

STATE REFERENCE: Place a check mark in each jurisdiction where your company conducts money services business. MT = Money Transmission, CE = Currency Exchange											
Jurisdiction	MT	CE	Jurisdiction	MT	CE	Jurisdiction	MT	CE	Jurisdiction	MT	CE
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New jersey	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>	<input type="checkbox"/>
Guam	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>	Explanation of N/A		

**BUSINESS FINANCIAL STATEMENT
AND RELATED WORKSHEETS**
(these are provided as a courtesy and are not required.)

Name of Business:	
Trade Name:	
Prepared By:	
Statement of Financial Condition as of what date? (mm/dd/yr)	Date:
What period of time does the Statement of Financial Condition Cover? (mm/dd/yr)	Start Date: End Date:
Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
<input type="checkbox"/> Audited Financial Statement (prepared according to Generally Accepted Accounting Principles (GAAP) Attach most recent	

APPLICANT		CO-APPLICANT	
Full Name		Full Name	
Physical Address		Physical Address	
City/State/Zip		City/State/Zip	
County		County	
Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
County		County	
Since		Since	
Social Security Number:	Date of Birth:	Social Security Number:	Date of Birth:
Work Phone:	Work FAX:	Work Phone:	Work FAX:
Employer		Employer	
Address		Address	
Position/Title		Position/Title	
Previous Employer		Previous Employer	
Dependents (include self)		Dependents (include self)	
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> N/A		Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> N/A	

(Round to the nearest \$100)			
ASSETS		LIABILITIES AND NET WORTH	
CURRENT ASSETS:		CURRENT LIABILITIES:	
Cash (schedule 1a)	\$	Accounts Payable (Schedule 6)	\$
Certificates of Deposit (Schedule 1b)		Accrued Interest on Borrowings	
Stock, Bonds, & Other Marketable Assets (Sch. 2)		Notes Payable - Current Portion	
Accounts, Loans, & Notes Receivable (Sch. 3)		Accrued Taxes on Real Estate (Schedule 7)	
Advances to Employees		Accrued Taxes, Other (Schedule 7)	
Prepaid Expenses (Schedule 4)		Other Current Payables (Itemize)	
Other Current Assets (Itemize)			
		TOTAL CURRENT LIABILITIES	\$
TOTAL CURRENT ASSETS	\$	LONG-TERM LIABILITIES:	
		Notes Payable (Itemize)	\$
FIXED ASSETS:			
Real Estate & Buildings (Schedule 5)	\$		
Less: Accumulated Depreciation			
Furniture, Equipment & Vehicles		Notes Payable on Real Estate (Schedule 5)	
Less: Accumulated Depreciation		Other Long-Term Liabilities (Itemize)	
Other Fixed Assets (Itemize)			
Other Long Term Assets (Itemize if over 5% of total)		TOTAL LONG-TERM LIABILITIES	\$
		NET WORTH OR STOCKHOLDERS' EQUITY	\$
		(Schedule 8)	
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

Assets pledged or hypothecated valued at \$_____ are pledged to secure notes or obligations aggregating \$_____.
 I have additionally endorsed, guaranteed or am contingently liable for debts of others amounting to \$_____.

SCHEDULES

Schedule 1a: Cash, Savings

Name of Bank or Financial Institution and Address	Account in Name Of	Type of Account	Account Number	Acct Balance
			TOTAL	

Schedule 1b. Certificates of Deposit.

Name of Financial Institution and Address	Account in Name Of	If Pledged, State to Whom	Maturity Date	Account Number	Balance
				TOTAL	

Schedule 2. Stocks, Bonds & Other Marketable Assets.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Income Received Last Year	If Pledged, State to Whom	Present Market Value
					TOTAL	

Schedule 3. Accounts, Loans & Notes Receivable.

Name and Address of Debtor	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected	Amount Owing
				TOTAL	

Schedule 4. Prepaid Expenses.

Type of Prepaid	To Whom Paid	Expiration Date	Original Amount	Current Balance
			TOTAL	

Schedule 5. Real Estate & Buildings.

Location or Street No. & Description	Mortgages or Liens	Due Dates & Payment Amount	Unpaid Taxes		Cost	Present Market Value
			Year	Amt.		
					TOTAL	

Schedule 6. Accounts Payable.

Nature of Account	Payable To	When Due	Amount Due
		TOTAL	

Schedule 7. Accrued Taxes.

Type of Tax	Payable To	When Due	Amount Due
		TOTAL	

Schedule 8. Net Worth or Stockholders' Equity.

CORPORATIONS	
Type	Amount
Common Stock (____ Shares)	
Preferred Stock	
Additional Paid-In Capital	
Retained Earnings	
TOTAL	

STATEMENT OF INCOME AND EXPENSES

For The Period _____, _____ To _____, _____

INCOME:

_____	_____
_____	_____
Other Income (Itemize)	_____
_____	_____
_____	_____

TOTAL INCOME _____(+)

EXPENSES

Advertising	_____
Cash (Over) Short	_____
Depreciation & Amortization	_____
Equipment Rental	_____
Insurance	_____
Interest & Bank Charges	_____
Legal, Audit, Bookkeeping	_____
Office Supplies	_____
Rent	_____
Salaries	_____
Security & Janitor	_____
Taxes & Payroll	_____
Utilities & Telephone	_____
Vehicle Expense	_____
Other Expenses (Itemize)	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES _____(+)

NET OPERATING INCOME (LOSS) _____

OTHER INCOME (EXPENSES)
(Itemize)

_____	_____
_____	_____
_____	_____

TOTAL OTHER INCOME (EXPENSES) _____(+)

INCOME BEFORE TAXES _____

INCOME TAXES _____(-)

NET INCOME (LOSS) _____

CASH FLOW STATEMENT

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20__	20__	Current*	Projected
Sales				
Dividends				
Interest				
Royalties				
Cash Received from Individual Business, Partnership, or Joint Ventures				
Real Estate				
Other**				
Total Cash Received				

Uses of Cash	20__	20__	Current*	Projected
Expenses				
Bank Loan – Principal and Interest				
Others Loans – Principal and Interest				
Other**				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

**Itemize any items amounting to 10% or more of total income on separate page.

I hereby certify under penalty of perjury under the laws of the State of Washington that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is true and correct and complete and further acknowledge that there are no misrepresentations or omissions of material facts.

Dated and signed this ____ day of _____, 20____.

(Signature)

(Typed or Printed Name)

(Title)

Income and Expenses	20__	20__	Current*	Projected
INCOME (Itemize):				
TOTAL INCOME				
EXPENSES				
Advertising				
Cash (Over) Short				
Depreciation & Amortization				
Equipment Rental				
Insurance				
Interest & Bank Charges				
Legal, Audit, Bookkeeping				
Office Supplies				
Rent				
Salaries				
Security & Janitor				
Taxes & Payroll				
Utilities & Telephone				
Vehicle Expense				
Other Expenses (Itemize)				
TOTAL EXPENSES				
NET OPERATING INCOME (LOSS)				
OTHER INCOME (EXPENSES)				
TOTAL OTHER INCOME (EXPENSES)				
INCOME BEFORE TAXES				
INCOME TAXES				
NET INCOME (LOSS)				

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported and annualize the data.

SUMMARY CHECKLIST: To ensure that you are submitting a complete application packet, we have created this summary checklist for your convenience. Please use this summary checklist as an aid to make certain that you have completed all required answers included on the application form.

Application Packet Introduction Letter

WA money services license application contents

- Application form instructions
- Statutes, Rules, Opinions And Policy

☐ Money services business information form

☐ Material Facts:

- | | | | |
|--------------------------|----------------------|----|------------------------------------------------------------|
| <input type="checkbox"/> | Material fact number | 1 | Company Contact(s) |
| <input type="checkbox"/> | Material fact number | 2 | Surety Instrument (Not applicable for Currency Exchangers) |
| <input type="checkbox"/> | Material fact number | 3 | Ownership |
| <input type="checkbox"/> | Material fact number | 4 | Responsible Individual |
| <input type="checkbox"/> | Material fact number | 5 | Individual Information |
| <input type="checkbox"/> | Material fact number | 6 | Independent Authorized Delegates & Other Locations |
| <input type="checkbox"/> | Material fact number | 7 | Washington Master Business License |
| <input type="checkbox"/> | Material fact number | 8 | Certificate Of Existence/Authorization |
| <input type="checkbox"/> | Material fact number | 9 | US Treasury Money Services business Registration |
| <input type="checkbox"/> | Material fact number | 10 | Records Location |
| <input type="checkbox"/> | Material fact number | 11 | Registered Agent |
| <input type="checkbox"/> | Material fact number | 12 | State Reference |
| <input type="checkbox"/> | Material fact number | 13 | Financial Statements |
| <input type="checkbox"/> | Material fact number | 14 | Disciplinary History |
| <input type="checkbox"/> | Material fact number | 15 | Assessment Tracking |
| <input type="checkbox"/> | Material fact number | 16 | Application Deposit |

☐ Signature and oath of applicant

☐ Money services license applicant individual background form

☐ Surety bond to operate money services business

☐ Money transmitter/currency exchanger request for approval to maintain records at an out of state location

☐ Financial Statement and Related Worksheets